

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Phx	67660	11/18/00
O.I.P.E. CLASSIFIER	12		2/4
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	2/10

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	✓
17	✓	✓
18	✓	✓
19	✓	✓
20	✓	✓
21	✓	✓
22	—	—
23	—	—
24	—	—
25	✓	✓
26	✓	✓
27	✓	✓
28	✓	✓
29	✓	✓
30	✓	✓
31	✓	✓
32	✓	✓
33	✓	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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